



WISCONSIN

DEPARTMENT OF WORKFORCE DEVELOPMENT
Division of Economic Support
Bureau of Welfare Initiatives

**TO: Economic Support Supervisors
Economic Support Lead Workers
Training Staff
FSET Administrative and Provider Agencies
Child Care Coordinators
W-2 Agencies**

BWSP OPERATIONS MEMO

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Non W-2 ☒ W-2 ☐ CC ☐

PRIORITY: High

**FROM: Stephen M. Dow
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Policy Analysis and Program Implementation Unit**

**SUBJECT: PACE AND PARTNERSHIP PROGRAM POLICY AND INSTRUCTIONS FOR
ES STAFF**

CROSS REFERENCE: MA Handbook

EFFECTIVE DATE: Immediately

PURPOSE

This memo provides instructions for determining Medicaid (Medical Assistance, MA) eligibility and entering CARES data for individuals participating in the Partnership and PACE programs. It is primarily intended for those Economic Support (ES) agencies that have clients requesting to participate in either of these programs. Some of the CARES procedures described later in this memo will be in effect until CARES changes can be made to automate the PACE/ Partnership program policies and processes that differ from regular MA waiver and nursing home processing.

BACKGROUND - PARTNERSHIP

The Wisconsin Partnership program is a comprehensive waiver demonstration program integrating health and long term support services for people who are elderly or disabled. Services are delivered in the participant's home or a setting of his or her choice. Through team based care management, the participant, his or her physician, nurses and social workers together develop a care plan and coordinate all service delivery.

To participate in the Partnership program, people must be eligible for MA and meet the MA nursing home level of care requirement. The program also serves people who are eligible for both MA and Medicare. Participation in the program is voluntary.

Partnership is implemented at four demonstration sites serving 5 counties. They are Community Living Alliance (Dane), Elder Care (Dane), Community Care Organization (Milwaukee), and Community Health Partnership (Eau Claire, Dunn, and Chippewa). These community based organizations enter into a MA managed care contract with the Wisconsin Department of Health and Family Services (DHFS) and a Medicare managed care contract with the federal Health Care Finance Administration (HCFA). Contractors receive monthly capitation payments from DHFS and HCFA for each participant. Participant's

long term care and acute health care costs, including physician services, are paid out of the capitation payment.

BACKGROUND - PACE

PACE is a program that provides comprehensive community based services, including both acute and chronic care for frail elderly individuals. It was originally a waiver demonstration program but was recently included in Titles XVIII (Medicare) & XIX (Medicaid) of the Social Security Act as an option to states as a national Medicare/Medicaid waiver program. Most services are provided in a day health center with an emphasis on continuity and coordination of care. Health and supportive services are also provided in the home, and transportation is provided to specialized care sites as needed.

PACE participants must be nonfinancially and financially eligible for MA and must meet the MA nursing home level of care requirement. Participation in the program is voluntary. While there are many similarities between PACE and Partnership, there are some differences. PACE requires the use of a day health center while Partnership does not. PACE enrollees must agree to receive primary care from the PACE physician while Partnership enrollees may choose from a panel of independent physicians who have agreed to serve Partnership members. PACE serves the frail elderly exclusively, while Partnership serves the elderly and younger disabled adults.

Two organizations currently operate PACE sites in Wisconsin; Community Care Organization in Milwaukee County and Elder Care of Dane County. They have entered into a managed care contract with DHFS and HCFA and will receive monthly capitation payments from each agency.

MA ELIGIBILITY DETERMINATION AND CARES PROCESSING

PACE and Partnership participants should have their MA eligibility determined in CARES, appropriate to their living arrangement, using either the institutional or Community Waiver procedures. Divestment is prohibited just like it is for any other institutional/Community Waiver case. Individuals who divest are ineligible for PACE or Partnership for the duration of the prescribed divestment penalty period. PACE and Partnership cases are not subject to estate recovery and should not be referred to the Estate Recovery Program. (Don't complete the Notice of Intent to File a Lien or the ERP Asset Disclosure Sheet).

The PACE/Partnership enrollment date is the MA beginning eligibility date if all other eligibility requirements are met on that date. The PACE/Partnership case manager will provide this enrollment date to the Economic Support (ES) worker. It is possible that the client may be eligible for **regular MA** using the non-PACE/Partnership eligibility criteria for the three-month period prior to their month of application. This potential backdated eligibility should be examined as it is for any other MA applicant. Unlike other Community Waiver cases, The Management Group (TMG) has no oversight responsibilities for PACE or Partnership.

Non-Institutional Cases

PACE/Partnership enrollees living in their own homes or other non-institutional (except for a community based residential facility) settings should be processed in CARES as if they were a Community Options Program Waiver (COP-W) type case. The CARES category code would be MCWW. Their eligibility and cost share will be based on Group A, Group B or Group C eligibility criteria.

Institutional Cases

The definition of institutionalization for PACE and Partnership participants will be the same one that is found in appendix 10.0.0 of the **MA Handbook** with one addition. Residents of a community based residential facility (CBRF) will also be processed in CARES as if they were living in a nursing home. The MA eligibility for these individuals will be based on MA institutions (categorically and medically needy) eligibility policies.

1. Non-CBRF Institutional Case

Participants residing in an institution other than a CBRF would have their MA eligibility determined in CARES, in the same manner as any other institutionalized person.

2. CBRF/Institutional Case

Residents of CBRFs should be assigned the 08 living arrangement code on CARES screen ANLA. You should also use \$100.00 as the private pay daily rate when completing ANII for someone living in a CBRF. Finally, CBRF residents are entitled to a \$65.00 personal needs allowance (PNA). Since CARES can only allow a \$40.00 PNA, you should enter the additional \$25.00 as a court ordered guardian fee on screens AFDQ and AFSP and document the necessity for these actions in your case comments, CMCC.

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